

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

☐ I am the ☐ Guardian ☐ Conservator

☐ I am the attorney for ☐ Guardian ☐ Conservator

My Utah State Bar number is \_\_\_\_\_

In the \_\_\_\_\_ Judicial District Court \_\_\_\_\_ County, Utah  
Court Address: \_\_\_\_\_

In the Matter of:

\_\_\_\_\_  
(Ward).

Report on Status of The Ward

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

1. I am Guardian of the above-named Ward.

2. The Ward was born on \_\_\_\_\_ (Ward's birth date).

3. (Check all of the boxes which apply. Fill in the blanks if appropriate)

☐ This is my first report.

☐ My previous report covered the period from \_\_\_\_\_ to \_\_\_\_\_.

☐ This is my final report.

4. This report covers the period from \_\_\_\_\_ to \_\_\_\_\_.

(Note: The beginning date must be one day later than the ending date of the pervious report.)

5. During the reporting period, I had contact with the Ward approximately \_\_\_\_\_ (number of) times.

6. During the reporting period, the Ward has engaged in the following education, training or social activities.

\_\_\_\_\_  
\_\_\_\_\_

7. The Ward lives at:

Name of facility (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

8. (Check all boxes which apply. Fill in the appropriate blanks)

☐ The Ward has been at this location since \_\_\_\_\_.

☐ The Ward has moved during the reporting period year because \_\_\_\_\_.

9. The Ward's living arrangement is best described as:

☐ The Ward's home.

☐ A relative's home. Describe the relationship \_\_\_\_\_.

☐ My home.

☐ A care facility:

10. If the Ward is living in a private home, the following people are living in the same household with the Ward:

Name	Relationship to the Ward

11. If the Ward is living in a care facility, I would describe the care facility as follows:

The name of the care facility is: \_\_\_\_\_.

My description of the care facility is: \_\_\_\_\_.

\_\_\_\_\_.

The following person at the care facility can be contacted for further information:

Name: \_\_\_\_\_.

Mailing Address: \_\_\_\_\_.

City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

12. I rate the living situation as:

- ☐ excellent  
☐ average  
☐ below average

Explain: \_\_\_\_\_  
\_\_\_\_\_

13. I believe the Ward's feelings about the living situation are as follows:

- ☐ content  
☐ unhappy

Explain: \_\_\_\_\_  
\_\_\_\_\_

14. I recommend a more suitable living arrangement.

- ☐ No  
☐ Yes

Explain: \_\_\_\_\_  
\_\_\_\_\_

15. The Ward's primary medical care provider is:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_

16. During the reporting period, the Ward has been treated or evaluated by: (Include Physicians, Dentists, Psychiatrists, Psychologists, Social workers, etc.)

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Date: \_\_\_\_\_

Purpose: \_\_\_\_\_  
Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Date: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Date: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. During the reporting period, the Ward has received the following treatment, therapy or assistive devices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Currently, the Ward is taking the following medications:

Name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Reason: \_\_\_\_\_

Name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Reason: \_\_\_\_\_

Name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Reason: \_\_\_\_\_

Name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Reason: \_\_\_\_\_

19. Describe the Ward's cognitive and emotional functioning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Describe the Ward's everyday functioning, such as ability care for self, make medical decisions, and make daily living decisions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. During the reporting period, the Ward's mental health has:

- ☐ remained about the same
- ☐ improved
- ☐ deteriorated

Explain: \_\_\_\_\_  
\_\_\_\_\_.

22. During the reporting period, the Ward's physical health has:

- ☐ remained about the same
- ☐ improved
- ☐ deteriorated

Explain: \_\_\_\_\_  
\_\_\_\_\_.

23. During the reporting period, the Ward has been diagnosed with a terminal illness.

- ☐ No
- ☐ Yes

Diagnosing Doctor: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

24. There is a current plan for the Ward's care, training or treatment:

- ☐ No  
☐ Yes

- ☐ The plan is on file with the court.  
☐ The plan is being submitted along with this Status Report.

25. I recommend that the guardianship should be

- ☐ continued  
☐ modified as follows:

\_\_\_\_\_  
\_\_\_\_\_

I declare under criminal penalty of Utah Code Section 46-5-101 that this document is true and correct.

\_\_\_\_\_  
Date

Sign here ►

\_\_\_\_\_

\_\_\_\_\_  
(Type or Print Name Here)